



COUNTY OF PLACER  
REVENUE SERVICES DIVISION

**INSTRUCTIONS**

FOR COMPLETING THE TRANSIENT OCCUPANCY TAX REGISTRATION  
CERTIFICATE APPLICATION

1. Select the best option to describe the type of business.
2. Select the best option to describe the type of ownership.
3. Type or print name, address, phone number and fax number for each owner, officer or trustee, using the second side of the form. If necessary, make additional copies.
4. Type or print
  - The legal name of the business
  - The physical address of the business
  - The mailing address of the business
  - The phone number of the business
  - The fax number of the business
  - The Federal Tax ID # or social security number of the owner.
5. Type or print the number of units (homes, rooms, cabins, etc.) available for rent.
6. Type or print the date the business was acquired.
7. Select the best option.

- *The application must be signed by the owner, authorized corporation officer or trustee, name and title must be typed or printed and the application dated.*
- *A copy of the business license, trust documentation or article of incorporation must be included to process the application.*

COUNTY OF PLACER  
REVENUE SERVICES DIVISION

APPLICATION FOR A REGISTRATION CERTIFICATE UNDER THE UNIFORM TRANSIENT OCCUPANCY TAX  
ORDINANCE NO. 685

**PLEASE PRINT CLEARLY**

**ATTACH COPY OF BUSINESS LICENSE/TRUST DOCUMENTATION/ARTICLE OF INCORPORATION**

**1. Type of Business:**

Hotel: \_\_\_\_\_ Motel: \_\_\_\_\_ Condo: \_\_\_\_\_ Home: \_\_\_\_\_ Other (describe): \_\_\_\_\_

**2. Type of Ownership:**

Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Trust: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other (describe): \_\_\_\_\_

**3. Ownership Information: (List additional owner(s), trustee(s) on other side)**

Owner/Officer/Trustee **Last Name** \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Owner/Officer/Trustee **Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Owner/Officer/Trustee **Phone Number** \_\_\_\_\_ Owner/Officer/Trustee **Fax Number** \_\_\_\_\_

**4. Business Information:**

\_\_\_\_\_  
Name of Business/Partnership/Trust/Corporation

Address of Business/Rental \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_ Federal Tax ID/Social Security Number \_\_\_\_\_

**5. Number of units available for rent:** \_\_\_\_\_

**6. Date business/home/condo/corporation/trust acquired:** \_\_\_\_\_

**7. Do you use a Rental Agent?** Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_

**I certify that the information provided for this application is true and correct.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**INCOMPLETE APPLICATIONS MAY DELAY PROCESSING**

COUNTY OF PLACER  
REVENUE SERVICES DIVISION

ADDITIONAL OWNERS/TRUST BENEFICIARIES

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Owner/Officer/Trustee <b>Last Name</b>	First Name	Middle	
Owner/Officer/Trustee <b>Address</b>	City	State	Zip Code
(____)_____	(____)_____		
Owner/Officer/Trustee <b>Phone Number</b>	Owner/Officer/Trustee <b>Fax Number</b>		

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Owner/Officer/Trustee <b>Last Name</b>	First Name	Middle	
Owner/Officer/Trustee <b>Address</b>	City	State	Zip Code
(____)_____	(____)_____		
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Owner/Officer/Trustee <b>Last Name</b>	First Name	Middle	
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Owner/Officer/Trustee <b>Last Name</b>	First Name	Middle	
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Owner/Officer/Trustee <b>Last Name</b>	First Name	Middle	
Owner/Officer/Trustee <b>Address</b>	City	State	Zip Code
(____)_____	(____)_____		
Owner/Officer/Trustee <b>Phone Number</b>	Owner/Officer/Trustee <b>Fax Number</b>		